

B 25C (Official Form 25C) (12/08)

UNITED STATES BANKRUPTCY COURT

In re MICHAEL B SARACEN, JR
Debtor

Case No.

13-18784

Small Business Case under Chapter 11

SMALL BUSINESS MONTHLY OPERATING REPORT

Month: MAY 2017

Date filed:

JULY 14, 2017

Line of Business: RENTALS

NAISC Code:

IN ACCORDANCE WITH TITLE 28, SECTION 1746, OF THE UNITED STATES CODE, I DECLARE UNDER PENALTY OF PERJURY THAT I HAVE EXAMINED THE FOLLOWING SMALL BUSINESS MONTHLY OPERATING REPORT AND THE ACCOMPANYING ATTACHMENTS AND, TO THE BEST OF MY KNOWLEDGE, THESE DOCUMENTS ARE TRUE, CORRECT AND COMPLETE.

RESPONSIBLE PARTY:


Original Signature of Responsible Party

MICHAEL B SARACEN, JR

Printed Name of Responsible Party

Questionnaire: (All questions to be answered on behalf of the debtor.)

- | | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| 1. IS THE BUSINESS STILL OPERATING? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. HAVE YOU PAID ALL YOUR BILLS ON TIME THIS MONTH? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. DID YOU PAY YOUR EMPLOYEES ON TIME? | <input type="checkbox"/> | <input type="checkbox"/> N/A |
| 4. HAVE YOU DEPOSITED ALL THE RECEIPTS FOR YOUR BUSINESS INTO THE DIP ACCOUNT THIS MONTH? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. HAVE YOU FILED ALL OF YOUR TAX RETURNS AND PAID ALL OF YOUR TAXES THIS MONTH? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. HAVE YOU TIMELY FILED ALL OTHER REQUIRED GOVERNMENT FILINGS? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. HAVE YOU PAID ALL OF YOUR INSURANCE PREMIUMS THIS MONTH? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. DO YOU PLAN TO CONTINUE TO OPERATE THE BUSINESS NEXT MONTH? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. ARE YOU CURRENT ON YOUR QUARTERLY FEE PAYMENT TO THE U.S. TRUSTEE? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. HAVE YOU PAID ANYTHING TO YOUR ATTORNEY OR OTHER PROFESSIONALS THIS MONTH? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 11. DID YOU HAVE ANY UNUSUAL OR SIGNIFICANT UNANTICIPATED EXPENSES THIS MONTH? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 12. HAS THE BUSINESS SOLD ANY GOODS OR PROVIDED SERVICES OR TRANSFERRED ANY ASSETS TO ANY BUSINESS RELATED TO THE DIP IN ANY WAY? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 13. DO YOU HAVE ANY BANK ACCOUNTS OPEN OTHER THAN THE DIP ACCOUNT? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

B 25C (Official Form 25C) (12/08)

- | | | |
|-------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| 14. HAVE YOU SOLD ANY ASSETS OTHER THAN INVENTORY THIS MONTH? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 15. DID ANY INSURANCE COMPANY CANCEL YOUR POLICY THIS MONTH? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 16. HAVE YOU BORROWED MONEY FROM ANYONE THIS MONTH? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 17. HAS ANYONE MADE AN INVESTMENT IN YOUR BUSINESS THIS MONTH? | <input type="checkbox"/> | <input type="checkbox"/> N/A |
| 18. HAVE YOU PAID ANY BILLS YOU OWED BEFORE YOU FILED BANKRUPTCY? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

TAXES

DO YOU HAVE ANY PAST DUE TAX RETURNS OR PAST DUE POST-PETITION TAX OBLIGATIONS?

IF YES, PLEASE PROVIDE A WRITTEN EXPLANATION INCLUDING WHEN SUCH RETURNS WILL BE FILED, OR WHEN SUCH PAYMENTS WILL BE MADE AND THE SOURCE OF THE FUNDS FOR THE PAYMENT.

(Exhibit A)

INCOME

PLEASE SEPARATELY LIST ALL OF THE INCOME YOU RECEIVED FOR THE MONTH. THE LIST SHOULD INCLUDE ALL INCOME FROM CASH AND CREDIT TRANSACTIONS. (THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.)

TOTAL INCOME \$ 8530.00

SUMMARY OF CASH ON HAND

Cash on Hand at Start of Month	\$ _____
Cash on Hand at End of Month	\$ _____

PLEASE PROVIDE THE TOTAL AMOUNT OF CASH CURRENTLY AVAILABLE TO YOU TOTAL \$ 0

(Exhibit B)

EXPENSES

PLEASE SEPARATELY LIST ALL EXPENSES PAID BY CASH OR BY CHECK FROM YOUR BANK ACCOUNTS THIS MONTH. INCLUDE THE DATE PAID, WHO WAS PAID THE MONEY, THE PURPOSE AND THE AMOUNT. (THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.)

TOTAL EXPENSES \$ 10,661.80

(Exhibit C)

CASH PROFIT

INCOME FOR THE MONTH (TOTAL FROM EXHIBIT B)

\$ 8530.00

EXPENSES FOR THE MONTH (TOTAL FROM EXHIBIT C)

\$ 10,661.80

(Subtract Line C from Line B)

CASH PROFIT FOR THE MONTH

\$ -2131.80

B 25C (Official Form 25C) (12/08)

UNPAID BILLS

PLEASE ATTACH A LIST OF ALL DEBTS (INCLUDING TAXES) WHICH YOU HAVE INCURRED SINCE THE DATE YOU FILED BANKRUPTCY BUT HAVE NOT PAID. THE LIST MUST INCLUDE THE DATE THE DEBT WAS INCURRED, WHO IS OWED THE MONEY, THE PURPOSE OF THE DEBT AND WHEN THE DEBT IS DUE. (THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.)

TOTAL PAYABLES \$ _____

(Exhibit D)

MONEY OWED TO YOU

PLEASE ATTACH A LIST OF ALL AMOUNTS OWED TO YOU BY YOUR CUSTOMERS FOR WORK YOU HAVE DONE OR THE MERCHANDISE YOU HAVE SOLD. YOU SHOULD INCLUDE WHO OWES YOU MONEY, HOW MUCH IS OWED AND WHEN IS PAYMENT DUE. (THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.)

LUCINA CALLAWAY 3200.00

TOTAL RECEIVABLES \$ 4400.00

EDDIE VASQUEZ 1200.00 (Exhibit E)

BANKING INFORMATION

PLEASE ATTACH A COPY OF YOUR LATEST BANK STATEMENT FOR EVERY ACCOUNT YOU HAVE AS OF THE DATE OF THIS FINANCIAL REPORT OR HAD DURING THE PERIOD COVERED BY THIS REPORT.

(Exhibit F)

EMPLOYEES

NUMBER OF EMPLOYEES WHEN THE CASE WAS FILED?

NUMBER OF EMPLOYEES AS OF THE DATE OF THIS MONTHLY REPORT?

PROFESSIONAL FEES

BANKRUPTCY RELATED:

PROFESSIONAL FEES RELATING TO THE BANKRUPTCY CASE PAID DURING THIS REPORTING PERIOD?

\$ 0

TOTAL PROFESSIONAL FEES RELATING TO THE BANKRUPTCY CASE PAID SINCE THE FILING OF THE CASE?

\$ 15,000.00

NON-BANKRUPTCY RELATED:

PROFESSIONAL FEES NOT RELATING TO THE BANKRUPTCY CASE PAID DURING THIS REPORTING PERIOD?

\$ —

TOTAL PROFESSIONAL FEES NOT RELATING TO THE BANKRUPTCY CASE PAID SINCE THE FILING OF THE CASE?

\$ —

B 25C (Official Form 25C) (12/08)

PROJECTIONS

COMPARE YOUR ACTUAL INCOME AND EXPENSES TO THE PROJECTIONS FOR THE FIRST 180 DAYS OF YOUR CASE PROVIDED AT THE INITIAL DEBTOR INTERVIEW.

	Projected	Actual	Difference
INCOME	\$ _____	\$ _____	\$ _____
EXPENSES	\$ _____	\$ _____	\$ _____
CASH PROFIT	\$ _____	\$ _____	\$ _____

TOTAL PROJECTED INCOME FOR THE NEXT MONTH:

\$ 8530.00

TOTAL PROJECTED EXPENSES FOR THE NEXT MONTH:

\$ 13,820.00

TOTAL PROJECTED CASH PROFIT FOR THE NEXT MONTH:

\$ 0

ADDITIONAL INFORMATION

PLEASE ATTACH ALL FINANCIAL REPORTS INCLUDING AN INCOME STATEMENT AND BALANCE SHEET WHICH YOU PREPARE INTERNALLY.



KeyBank
P.O. Box 93885
Cleveland, OH 44101-5885

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Key Express Checking

Statement

May 16, 2017

31 T 0474 0000 R 52 AO

MICHAEL B SARACENO JR
DEBTOR IN POSSESSION
4507 SCHEIDYS RD
COPLAY PA 18037-2426

Questions about your account?
1-800-KEY2YOU (1-800-539-2968)

Or, write us:
KeyBank National Association
P.O. Box 94825
Cleveland, Ohio 44101

Get less mail and enroll in Online Statements today!



Key Express Checking

Account number: 7806214453

Account title: MICHAEL B SARACENO JR
DEBTOR IN POSSESSION

Balance on Apr 18, 2017	\$8,652.37
Additions	
Deposits	9,352.88
Deductions	
Withdrawals	9,784.91
Checks paid	877.80
Balance on May 16, 2017	\$7,342.54

Deposits

Date	Description	Amount
4-20	Deposit Branch 0474 Pennsylvania	\$2,065.18
4-21	Deposit Branch 0474 Pennsylvania	56.00
4-26	Internet Trf Fr DDA 0000007803877955 3290	500.00
5-8	Deposit Branch 0474 Pennsylvania	3,030.00
5-10	Direct Deposit, Ssa Treas 310 Xxsoc Sec	1,851.70
5-12	Deposit Branch 0474 Pennsylvania	1,850.00
Total		\$9,352.88



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May 16, 2017

Withdrawals

Date	Description	Amount
4-20	E-Check# 0000000290 Chase Credit Crd Chkpaymt	\$85.15
4-21	Withdrawal Branch 0474 Pennsylvania	9,246.45
4-25	Bill Pay:Pennsylvania Power 758200 Pbv97Nog	36.23
4-25	Bill Pay:Pennsylvania Power 249601 6B797Nog	120.26
4-25	Bill Pay:Pennsylvania Power 906956 9B397Nog	141.99
5-9	Direct Withdrawal, Aetna Life Insurins Pymt	154.83
Total		\$9,784.91

Checks paid

* Indicates a break in numeric sequence

Number	Date	Trace ID	Amount	Number	Date	Trace ID	Amount
287	4-25	28813977	\$175.72	*292	4-24	61011686	18.66
288	4-24	28549618	26.82	293	4-25	65703792	416.89
289	4-21	65117628	166.75	294	4-21	65188623	72.96
Total							\$877.80



KeyNotes



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April 18, 2017

31 T 0474 0000 R 52 AO

MICHAEL B SARACENO JR
 DEBTOR IN POSSESSION
 4507 SCHEIDYS RD
 COPLAY PA 18037-2426

Questions about your account?
 1-800-KEY2YOU (1-800-539-2968)

Or, write us:
 KeyBank National Association
 P.O. Box 94825
 Cleveland, Ohio 44101

Get less mail and enroll in Online Statements today!



Key Express Checking

Account number: 7806214453

Account title: MICHAEL B SARACENO JR
 DEBTOR IN POSSESSION

Balance on Mar 16, 2017	\$9,509.11
Additions	
Deposits	10,324.45
Deductions	
Withdrawals	10,309.37
Checks paid	871.82
Balance on Apr 18, 2017	\$8,652.37

Deposits

Date	Description	Amount
3-27	Deposit Branch 0474 Pennsylvania	\$950.00
3-31	Deposit Branch 0474 Pennsylvania	600.00
4-3	Deposit Branch 0474 Pennsylvania	4,128.75
4-5	Deposit Branch 0474 Pennsylvania	1,474.00
4-7	Deposit Branch 0474 Pennsylvania	520.00
4-12	Direct Deposit, Ssa Treas 310 Xxsoc Sec	1,851.70
4-13	Deposit Branch 0474 Pennsylvania	800.00
Total		\$10,324.45



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April 18, 2017

Withdrawals

Date	Description	Amount
3-17	E-Check# 0000000279 Chase Credit Crd Chkpaymt	\$85.15
3-22	Bill Pay:Pennsylvania Power 758200 Fb29Wwav	41.08
3-22	Bill Pay:Capital One Bank 517805 Kbp9Xwav	100.00
3-22	Bill Pay:Pennsylvania Power 249601 7Bi9Mwav	120.26
3-22	Bill Pay:Pennsylvania Power 906956 Kbv9Mwav	141.99
3-22	Bill Pay:Ugi Utilities, Inc 514812 Obm9Wwav	172.82
3-22	Bill Pay:Ugi Utilities, Inc 514812 Lb79Wwav	182.38
3-31	Withdrawal Branch 0474 Pennsylvania	9,165.45
4-4	Bill Pay:Capital One Bank 517805 1Bm9Mnr9	156.66
4-7	Direct Withdrawal, Aetna Life Insurins Pymt	143.58
Total		\$10,309.37

Checks paid

* Indicates a break in numeric sequence

Number	Date	Trace ID	Amount	Number	Date	Trace ID	Amount
277	3-23	61136626	\$26.82	* 284	3-24	28240448	75.80
278	3-21	61847792	166.75	285	4-17	65352400	25.00
* 281	3-22	65673363	18.66	286	4-17	61049660	141.90
282	3-22	28810287	416.89	Total			\$871.82



KeyNotes



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In re MICHAEL B SARACENO JR
Debtor

Case No. 13-18784

Small Business Case under Chapter 11

SMALL BUSINESS MONTHLY OPERATING REPORT

Month: JUNE

Date filed:

JULY 14, 2017

Line of Business: RENTALS

NAISC Code:

IN ACCORDANCE WITH TITLE 28, SECTION 1746, OF THE UNITED STATES CODE, I DECLARE UNDER PENALTY OF PERJURY THAT I HAVE EXAMINED THE FOLLOWING SMALL BUSINESS MONTHLY OPERATING REPORT AND THE ACCOMPANYING ATTACHMENTS AND, TO THE BEST OF MY KNOWLEDGE, THESE DOCUMENTS ARE TRUE, CORRECT AND COMPLETE.

RESPONSIBLE PARTY:

Original Signature of Responsible Party

MICHAEL B SARACENO JR

Printed Name of Responsible Party

Questionnaire: (All questions to be answered on behalf of the debtor.)

	Yes	No
1. IS THE BUSINESS STILL OPERATING?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. HAVE YOU PAID ALL YOUR BILLS ON TIME THIS MONTH?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. DID YOU PAY YOUR EMPLOYEES ON TIME?	<input type="checkbox"/>	<input type="checkbox"/> n/a
4. HAVE YOU DEPOSITED ALL THE RECEIPTS FOR YOUR BUSINESS INTO THE DIP ACCOUNT THIS MONTH?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. HAVE YOU FILED ALL OF YOUR TAX RETURNS AND PAID ALL OF YOUR TAXES THIS MONTH?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. HAVE YOU TIMELY FILED ALL OTHER REQUIRED GOVERNMENT FILINGS?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. HAVE YOU PAID ALL OF YOUR INSURANCE PREMIUMS THIS MONTH?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. DO YOU PLAN TO CONTINUE TO OPERATE THE BUSINESS NEXT MONTH?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. ARE YOU CURRENT ON YOUR QUARTERLY FEE PAYMENT TO THE U.S. TRUSTEE?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. HAVE YOU PAID ANYTHING TO YOUR ATTORNEY OR OTHER PROFESSIONALS THIS MONTH?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. DID YOU HAVE ANY UNUSUAL OR SIGNIFICANT UNANTICIPATED EXPENSES THIS MONTH?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12. HAS THE BUSINESS SOLD ANY GOODS OR PROVIDED SERVICES OR TRANSFERRED ANY ASSETS TO ANY BUSINESS RELATED TO THE DIP IN ANY WAY?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13. DO YOU HAVE ANY BANK ACCOUNTS OPEN OTHER THAN THE DIP ACCOUNT?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

- B 25C (Official Form 25C, 12/08)
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14. HAVE YOU SOLD ANY ASSETS OTHER THAN INVENTORY THIS MONTH?
 15. DID ANY INSURANCE COMPANY CANCEL YOUR POLICY THIS MONTH?
 16. HAVE YOU BORROWED MONEY FROM ANYONE THIS MONTH?
 17. HAS ANYONE MADE AN INVESTMENT IN YOUR BUSINESS THIS MONTH?
 18. HAVE YOU PAID ANY BILLS YOU OWED BEFORE YOU FILED BANKRUPTCY?

TAXES

DO YOU HAVE ANY PAST DUE TAX RETURNS OR PAST DUE POST-PETITION TAX OBLIGATIONS?

IF YES, PLEASE PROVIDE A WRITTEN EXPLANATION INCLUDING WHEN SUCH RETURNS WILL BE FILED, OR WHEN SUCH PAYMENTS WILL BE MADE AND THE SOURCE OF THE FUNDS FOR THE PAYMENT.

(Exhibit A)

INCOME

PLEASE SEPARATELY LIST ALL OF THE INCOME YOU RECEIVED FOR THE MONTH. THE LIST SHOULD INCLUDE ALL INCOME FROM CASH AND CREDIT TRANSACTIONS. *(THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.)*

TOTAL INCOME \$ 8530.00

SUMMARY OF CASH ON HAND

Cash on Hand at Start of Month	\$ _____
Cash on Hand at End of Month	\$ _____

PLEASE PROVIDE THE TOTAL AMOUNT OF CASH CURRENTLY AVAILABLE TO YOU **TOTAL \$ 0**

(Exhibit B)

EXPENSES

PLEASE SEPARATELY LIST ALL EXPENSES PAID BY CASH OR BY CHECK FROM YOUR BANK ACCOUNTS THIS MONTH. INCLUDE THE DATE PAID, WHO WAS PAID THE MONEY, THE PURPOSE AND THE AMOUNT. *(THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.)*

TOTAL EXPENSES \$ 13,220.00

(Exhibit C)

CASH PROFIT

INCOME FOR THE MONTH <i>(TOTAL FROM EXHIBIT B)</i>	\$ 8530.00
EXPENSES FOR THE MONTH <i>(TOTAL FROM EXHIBIT C)</i>	\$ 13,220.00
<i>(Subtract Line C from Line B)</i>	CASH PROFIT FOR THE MONTH \$ -4690.00

UNPAID BILLS

PLEASE ATTACH A LIST OF ALL DEBTS (INCLUDING TAXES) WHICH YOU HAVE INCURRED SINCE THE DATE YOU FILED BANKRUPTCY BUT HAVE NOT PAID. THE LIST MUST INCLUDE THE DATE THE DEBT WAS INCURRED, WHO IS OWED THE MONEY, THE PURPOSE OF THE DEBT AND WHEN THE DEBT IS DUE. (THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.)

TOTAL PAYABLES \$ */*

(*Exhibit D*)

MONEY OWED TO YOU

PLEASE ATTACH A LIST OF ALL AMOUNTS OWED TO YOU BY YOUR CUSTOMERS FOR WORK YOU HAVE DONE OR THE MERCHANDISE YOU HAVE SOLD. YOU SHOULD INCLUDE WHO OWES YOU MONEY, HOW MUCH IS OWED AND WHEN IS PAYMENT DUE. (THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.)

LUGIN A CALLOWAY 4000.00

TOTAL RECEIVABLES \$ *4600.00*

EDDIE VAJGUES 600.00

(*Exhibit E*)

BANKING INFORMATION

PLEASE ATTACH A COPY OF YOUR LATEST BANK STATEMENT FOR EVERY ACCOUNT YOU HAVE AS OF THE DATE OF THIS FINANCIAL REPORT OR HAD DURING THE PERIOD COVERED BY THIS REPORT.

(*Exhibit F*)

EMPLOYEES

NUMBER OF EMPLOYEES WHEN THE CASE WAS FILED? */*

NUMBER OF EMPLOYEES AS OF THE DATE OF THIS MONTHLY REPORT? */*

PROFESSIONAL FEES

BANKRUPTCY RELATED:

PROFESSIONAL FEES RELATING TO THE BANKRUPTCY CASE PAID DURING THIS REPORTING PERIOD? *\$ 650.00*

TOTAL PROFESSIONAL FEES RELATING TO THE BANKRUPTCY CASE PAID SINCE THE FILING OF THE CASE? *\$ 15650.00*

NON-BANKRUPTCY RELATED:

PROFESSIONAL FEES NOT RELATING TO THE BANKRUPTCY CASE PAID DURING THIS REPORTING PERIOD? *\$ /*

TOTAL PROFESSIONAL FEES NOT RELATING TO THE BANKRUPTCY CASE PAID SINCE THE FILING OF THE CASE? *\$ /*

PROJECTIONS

COMPARE YOUR ACTUAL INCOME AND EXPENSES TO THE PROJECTIONS FOR THE FIRST 180 DAYS OF YOUR CASE PROVIDED AT THE INITIAL DEBTOR INTERVIEW.

	Projected	Actual	Difference
INCOME	\$ _____	\$ _____	\$ _____
EXPENSES	\$ _____	\$ _____	\$ _____
CASH PROFIT	\$ _____	\$ _____	\$ _____

TOTAL PROJECTED INCOME FOR THE NEXT MONTH:

\$ 10,550.00

TOTAL PROJECTED EXPENSES FOR THE NEXT MONTH:

\$ 10,600.00

TOTAL PROJECTED CASH PROFIT FOR THE NEXT MONTH:

\$ 0

ADDITIONAL INFORMATION

PLEASE ATTACH ALL FINANCIAL REPORTS INCLUDING AN INCOME STATEMENT AND BALANCE SHEET WHICH YOU PREPARE INTERNALLY.



KeyBank
P.O. Box 93885
Cleveland, OH 44101-5885

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Key Express Checking

Statement

June 16, 2017

31 T 0474 0000 R 52 AO

MICHAEL B SARACENO JR
DEBTOR IN POSSESSION
4507 SCHEIDYS RD
COPLAY PA 18037-2426

Questions about your account?
1-800-KEY2YOU (1-800-539-2968)

Or, write us:
KeyBank National Association
P.O. Box 94825
Cleveland, Ohio 44101

Get less mail and enroll in Online Statements today!



Key Express Checking

Account number: 7806214453

Account title: MICHAEL B SARACENO JR
DEBTOR IN POSSESSION

Balance on May 16, 2017	\$7,342.54
Additions	
Deposits	11,173.82
Deductions	
Withdrawals	11,868.38
Checks paid	1,352.08
Balance on Jun 16, 2017	\$5,295.90

Deposits

Date	Description	Amount
5-30	Deposit Branch 0474 Pennsylvania	\$4,006.74
6-1	Deposit Branch 0474 Pennsylvania	2,200.00
6-7	Deposit Branch 0474 Pennsylvania	1,000.00
6-12	Deposit Branch 0474 Pennsylvania	1,115.38
6-12	Deposit Branch 0474 Pennsylvania	600.00
6-14	Direct Deposit, Ssa Treas 310 Xxsoc Sec	1,851.70
6-16	Deposit Branch 0474 Pennsylvania	400.00
Total		\$11,173.82

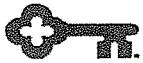


Member FDIC

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June 16, 2017

Withdrawals

Date	Description	Amount
5-25	E-Check# 0000000298 Chase Credit Crd Chkpaymt	\$85.15
5-30	Bill Pay:Pennsylvania Power 758200 Cbz9Qnts	32.22
5-30	Bill Pay:Lehigh County Auth 544777 Vb39Qnts	123.57
5-30	Bill Pay:Pennsylvania Power 249601 Ebv9Snts	239.81
5-30	Bill Pay:Lehigh County Auth 47432 Ybj9Tnts	243.49
5-30	Bill Pay:Lehigh County Auth 47434 Dbv9Tnts	253.50
5-30	Bill Pay:Ugi Utilities, Inc 514812 6By9Enqs	265.05
5-30	Bill Pay:Ugi Utilities, Inc 514812 1B194Nqs	382.38
5-30	Bill Pay:Pennsylvania Power 906956 Hbj9Snts	455.49
6-1	Withdrawal Branch 0474 Pennsylvania	9,190.45
6-7	Direct Withdrawal, Aetna Life Insurins Pymt	154.83
6-8	Bill Pay:Lehigh County Auth 45316 Xb19Rv23	442.44
Total		\$11,868.38

Checks paid

* Indicates a break in numeric sequence

Number	Date	Trace ID	Amount	Number	Date	Trace ID	Amount
295	5-22	28889716	\$650.00	* 299	5-26	65255621	416.89
296	5-24	28215878	26.82	300	5-30	28933151	72.96
297	5-24	61074567	166.75	301	5-25	65002310	18.66
Total							\$1,352.08



KeyNotes



Member FDIC

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UNITED STATES BANKRUPTCY COURT

In re MICHAEL B. SARACENO Jr.
Debtor

Case No. 13-18784

Small Business Case under Chapter 11

SMALL BUSINESS MONTHLY OPERATING REPORT

Month: AUG. 2017

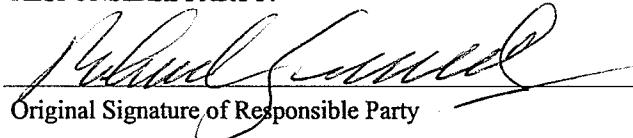
Date filed: 12-8-17

Line of Business: RENTALS

NAISC Code: _____

IN ACCORDANCE WITH TITLE 28, SECTION 1746, OF THE UNITED STATES CODE, I DECLARE UNDER PENALTY OF PERJURY THAT I HAVE EXAMINED THE FOLLOWING SMALL BUSINESS MONTHLY OPERATING REPORT AND THE ACCOMPANYING ATTACHMENTS AND, TO THE BEST OF MY KNOWLEDGE, THESE DOCUMENTS ARE TRUE, CORRECT AND COMPLETE.

RESPONSIBLE PARTY:


Original Signature of Responsible Party

MICHAEL B. SARACENO JR.

Printed Name of Responsible Party

Questionnaire: (All questions to be answered on behalf of the debtor.)

- | | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------|
| 1. IS THE BUSINESS STILL OPERATING? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. HAVE YOU PAID ALL YOUR BILLS ON TIME THIS MONTH? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. DID YOU PAY YOUR EMPLOYEES ON TIME? | <input type="checkbox"/> | <input checked="" type="checkbox"/> NA |
| 4. HAVE YOU DEPOSITED ALL THE RECEIPTS FOR YOUR BUSINESS INTO THE DIP ACCOUNT THIS MONTH? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. HAVE YOU FILED ALL OF YOUR TAX RETURNS AND PAID ALL OF YOUR TAXES THIS MONTH? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. HAVE YOU TIMELY FILED ALL OTHER REQUIRED GOVERNMENT FILINGS? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. HAVE YOU PAID ALL OF YOUR INSURANCE PREMIUMS THIS MONTH? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. DO YOU PLAN TO CONTINUE TO OPERATE THE BUSINESS NEXT MONTH? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. ARE YOU CURRENT ON YOUR QUARTERLY FEE PAYMENT TO THE U.S. TRUSTEE? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. HAVE YOU PAID ANYTHING TO YOUR ATTORNEY OR OTHER PROFESSIONALS THIS MONTH? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. DID YOU HAVE ANY UNUSUAL OR SIGNIFICANT UNANTICIPATED EXPENSES THIS MONTH? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. HAS THE BUSINESS SOLD ANY GOODS OR PROVIDED SERVICES OR TRANSFERRED ANY ASSETS TO ANY BUSINESS RELATED TO THE DIP IN ANY WAY? | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 13. DO YOU HAVE ANY BANK ACCOUNTS OPEN OTHER THAN THE DIP ACCOUNT? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

B 25C (Official Form 25C) (12/08)

14. HAVE YOU SOLD ANY ASSETS OTHER THAN INVENTORY THIS MONTH?
15. DID ANY INSURANCE COMPANY CANCEL YOUR POLICY THIS MONTH?
16. HAVE YOU BORROWED MONEY FROM ANYONE THIS MONTH?
17. HAS ANYONE MADE AN INVESTMENT IN YOUR BUSINESS THIS MONTH?
18. HAVE YOU PAID ANY BILLS YOU OWED BEFORE YOU FILED BANKRUPTCY?

TAXES

DO YOU HAVE ANY PAST DUE TAX RETURNS OR PAST DUE POST-PETITION TAX OBLIGATIONS?

IF YES, PLEASE PROVIDE A WRITTEN EXPLANATION INCLUDING WHEN SUCH RETURNS WILL BE FILED, OR WHEN SUCH PAYMENTS WILL BE MADE AND THE SOURCE OF THE FUNDS FOR THE PAYMENT.

(*Exhibit A*)

INCOME

PLEASE SEPARATELY LIST ALL OF THE INCOME YOU RECEIVED FOR THE MONTH. THE LIST SHOULD INCLUDE ALL INCOME FROM CASH AND CREDIT TRANSACTIONS. (*THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.*)

TOTAL INCOME \$ 10,827.00

SUMMARY OF CASH ON HAND

Cash on Hand at Start of Month	\$ _____
Cash on Hand at End of Month	\$ _____

PLEASE PROVIDE THE TOTAL AMOUNT OF CASH CURRENTLY AVAILABLE TO YOU **TOTAL \$ 1**

(*Exhibit B*)

EXPENSES

PLEASE SEPARATELY LIST ALL EXPENSES PAID BY CASH OR BY CHECK FROM YOUR BANK ACCOUNTS THIS MONTH. INCLUDE THE DATE PAID, WHO WAS PAID THE MONEY, THE PURPOSE AND THE AMOUNT. (*THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.*)

TOTAL EXPENSES \$ 11,975.00

(*Exhibit C*)

CASH PROFIT

INCOME FOR THE MONTH (*TOTAL FROM EXHIBIT B*)

\$ 10,827.00

EXPENSES FOR THE MONTH (*TOTAL FROM EXHIBIT C*)

\$ 11,975.00

(*Subtract Line C from Line B*)

CASH PROFIT FOR THE MONTH

\$ - 1148.00

B 25C (Official Form 25C) (12/08)

UNPAID BILLS

PLEASE ATTACH A LIST OF ALL DEBTS (INCLUDING TAXES) WHICH YOU HAVE INCURRED SINCE THE DATE YOU FILED BANKRUPTCY BUT HAVE NOT PAID. THE LIST MUST INCLUDE THE DATE THE DEBT WAS INCURRED, WHO IS OWED THE MONEY, THE PURPOSE OF THE DEBT AND WHEN THE DEBT IS DUE. (THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.)

TOTAL PAYABLES \$ _____

(*Exhibit D*)

MONEY OWED TO YOU

PLEASE ATTACH A LIST OF ALL AMOUNTS OWED TO YOU BY YOUR CUSTOMERS FOR WORK YOU HAVE DONE OR THE MERCHANDISE YOU HAVE SOLD. YOU SHOULD INCLUDE WHO OWES YOU MONEY, HOW MUCH IS OWED AND WHEN IS PAYMENT DUE. (THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.)

EDDIE VASQUEZ 180.00
LUCINA CALLOWAY 1400.00

TOTAL RECEIVABLES \$ 3200.00

(*Exhibit E*)

BANKING INFORMATION

PLEASE ATTACH A COPY OF YOUR LATEST BANK STATEMENT FOR EVERY ACCOUNT YOU HAVE AS OF THE DATE OF THIS FINANCIAL REPORT OR HAD DURING THE PERIOD COVERED BY THIS REPORT.

(*Exhibit F*)

EMPLOYEES

NUMBER OF EMPLOYEES WHEN THE CASE WAS FILED? _____

NUMBER OF EMPLOYEES AS OF THE DATE OF THIS MONTHLY REPORT? _____

PROFESSIONAL FEES

BANKRUPTCY RELATED:

PROFESSIONAL FEES RELATING TO THE BANKRUPTCY CASE PAID DURING THIS REPORTING PERIOD? \$ _____

TOTAL PROFESSIONAL FEES RELATING TO THE BANKRUPTCY CASE PAID SINCE THE FILING OF THE CASE? \$ 12,000.00

NON-BANKRUPTCY RELATED:

PROFESSIONAL FEES NOT RELATING TO THE BANKRUPTCY CASE PAID DURING THIS REPORTING PERIOD? \$ _____

TOTAL PROFESSIONAL FEES NOT RELATING TO THE BANKRUPTCY CASE PAID SINCE THE FILING OF THE CASE? \$ _____

B 25C (Official Form 25C) (12/08)

PROJECTIONS

COMPARE YOUR ACTUAL INCOME AND EXPENSES TO THE PROJECTIONS FOR THE FIRST 180 DAYS OF YOUR CASE PROVIDED AT THE INITIAL DEBTOR INTERVIEW.

	Projected	Actual	Difference
INCOME	\$ _____	\$ _____	\$ _____
EXPENSES	\$ _____	\$ _____	\$ _____
CASH PROFIT	\$ _____	\$ _____	\$ _____

TOTAL PROJECTED INCOME FOR THE NEXT MONTH: \$ 11,400.00
TOTAL PROJECTED EXPENSES FOR THE NEXT MONTH: \$ 13,000.00
TOTAL PROJECTED CASH PROFIT FOR THE NEXT MONTH: \$ -1600.00

ADDITIONAL INFORMATION

PLEASE ATTACH ALL FINANCIAL REPORTS INCLUDING AN INCOME STATEMENT AND BALANCE SHEET WHICH YOU PREPARE INTERNALLY.



KeyBank
P.O. Box 93885
Cleveland, OH 44101-5885

Key Express Checking Statement

August 16, 2017

31 T 0474 0000 R 52 AO

MICHAEL B SARACENO JR
DEBTOR IN POSSESSION
4507 SCHEIDYS RD
COPLAY PA 18037-2426

Questions about your account?
1-800-KEY2YOU (1-800-539-2968)

Or, write us:
KeyBank National Association
P.O. Box 94825
Cleveland, Ohio 44101

Get less mail and enroll in Online Statements today!



Key Express Checking

Account number: 7806214453

Account title: MICHAEL B SARACENO JR
DEBTOR IN POSSESSION

Balance on Jul 19, 2017	\$9,328.21
Additions	
Deposits	10,827.58
Deductions	
Withdrawals	9,996.98
Checks paid	1,979.12
Balance on Aug 16, 2017	\$8,179.69

Deposits

Date	Description	Amount
7-25	Deposit Branch 0474 Pennsylvania	\$1,200.00
7-28	Deposit Branch 0474 Pennsylvania	1,356.00
7-31	Deposit Branch 0474 Pennsylvania	804.24
8-1	Deposit Branch 0474 Pennsylvania	600.00
8-3	Deposit Branch 0474 Pennsylvania	2,151.64
8-4	Deposit Branch 0474 Pennsylvania	1,164.00
8-9	Direct Deposit, Ssa Treas 310 Xxsoc Sec	1,851.70
8-14	Deposit Branch 0474 Pennsylvania	1,700.00
Total		\$10,827.58



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August 16, 2017

Withdrawals

Date	Description	Amount
7-27	E-Check# 0000000314 Chase Credit Crd Chkpaymt	\$85.15
7-31	Withdrawal Branch 0474 Pennsylvania	9,190.45
8-8	Direct Withdrawal, Aetna Life Insurins Pymt	154.83
8-14	Bill Pay:Ugi Utilities, Inc 514812 Fbr9Po37	49.63
8-14	Bill Pay:Ugi Utilities, Inc 514812 8Bj9Po37	71.70
8-14	Bill Pay:Pennsylvania Power 249601 Ubv9Po37	212.95
8-14	Bill Pay:Pennsylvania Power 906956 Ubs9Po37	232.27
Total		\$9,996.98

Checks paid

* Indicates a break in numeric sequence

Number	Date	Trace ID	Amount	Number	Date	Trace ID	Amount
311	7-26	61749614	\$650.00	* 316	7-28	28810035	18.66
312	7-31	28019448	26.82	317	8-2	65878994	416.89
313	7-26	61749106	166.75	* 319	7-31	28018191	700.00
Total							\$1,979.12

Aggregate Overdraft and Returned Item Fees

	Total for this period	Total Year-to-Date This Year	Total Year-to-Date Prior Year
Total Returned Item Fees	\$0.00	\$34.00	\$0.00



Member FDIC
Page 2 of 3

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UNITED STATES BANKRUPTCY COURT

In re MICHAEL B. SARACENO JR.,
Debtor

Case No. 13-18784

Small Business Case under Chapter 11

SMALL BUSINESS MONTHLY OPERATING REPORT

Month: SEPT. 2017

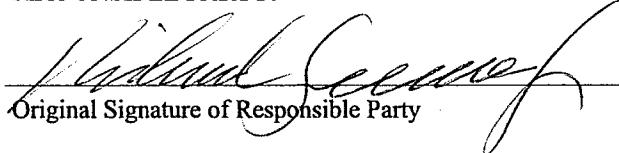
Date filed: 12-8-17

Line of Business: RENTALS

NAISC Code: _____

IN ACCORDANCE WITH TITLE 28, SECTION 1746, OF THE UNITED STATES CODE, I DECLARE UNDER PENALTY OF PERJURY THAT I HAVE EXAMINED THE FOLLOWING SMALL BUSINESS MONTHLY OPERATING REPORT AND THE ACCOMPANYING ATTACHMENTS AND, TO THE BEST OF MY KNOWLEDGE, THESE DOCUMENTS ARE TRUE, CORRECT AND COMPLETE.

RESPONSIBLE PARTY:


Original Signature of Responsible Party

MICHAEL B. SARACENO JR.

Printed Name of Responsible Party

Questionnaire: (All questions to be answered on behalf of the debtor.)

- | | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------|
| 1. IS THE BUSINESS STILL OPERATING? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. HAVE YOU PAID ALL YOUR BILLS ON TIME THIS MONTH? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. DID YOU PAY YOUR EMPLOYEES ON TIME? | <input type="checkbox"/> | <input checked="" type="checkbox"/> n/a |
| 4. HAVE YOU DEPOSITED ALL THE RECEIPTS FOR YOUR BUSINESS INTO THE DIP ACCOUNT THIS MONTH? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. HAVE YOU FILED ALL OF YOUR TAX RETURNS AND PAID ALL OF YOUR TAXES THIS MONTH | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. HAVE YOU TIMELY FILED ALL OTHER REQUIRED GOVERNMENT FILINGS? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. HAVE YOU PAID ALL OF YOUR INSURANCE PREMIUMS THIS MONTH? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. DO YOU PLAN TO CONTINUE TO OPERATE THE BUSINESS NEXT MONTH? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. ARE YOU CURRENT ON YOUR QUARTERLY FEE PAYMENT TO THE U.S. TRUSTEE? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. HAVE YOU PAID ANYTHING TO YOUR ATTORNEY OR OTHER PROFESSIONALS THIS MONTH? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. DID YOU HAVE ANY UNUSUAL OR SIGNIFICANT UNANTICIPATED EXPENSES THIS MONTH? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. HAS THE BUSINESS SOLD ANY GOODS OR PROVIDED SERVICES OR TRANSFERRED ANY ASSETS TO ANY BUSINESS RELATED TO THE DIP IN ANY WAY? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 13. DO YOU HAVE ANY BANK ACCOUNTS OPEN OTHER THAN THE DIP ACCOUNT? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

B 25C (Official Form 25C) (12/08)

- | | | |
|-------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| 14. HAVE YOU SOLD ANY ASSETS OTHER THAN INVENTORY THIS MONTH? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 15. DID ANY INSURANCE COMPANY CANCEL YOUR POLICY THIS MONTH? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 16. HAVE YOU BORROWED MONEY FROM ANYONE THIS MONTH? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 17. HAS ANYONE MADE AN INVESTMENT IN YOUR BUSINESS THIS MONTH? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 18. HAVE YOU PAID ANY BILLS YOU OWED BEFORE YOU FILED BANKRUPTCY? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

TAXES

DO YOU HAVE ANY PAST DUE TAX RETURNS OR PAST DUE POST-PETITION TAX OBLIGATIONS?

<input type="checkbox"/>	<input checked="" type="checkbox"/>
--------------------------	-------------------------------------

IF YES, PLEASE PROVIDE A WRITTEN EXPLANATION INCLUDING WHEN SUCH RETURNS WILL BE FILED, OR WHEN SUCH PAYMENTS WILL BE MADE AND THE SOURCE OF THE FUNDS FOR THE PAYMENT.

(*Exhibit A*)

INCOME

PLEASE SEPARATELY LIST ALL OF THE INCOME YOU RECEIVED FOR THE MONTH. THE LIST SHOULD INCLUDE ALL INCOME FROM CASH AND CREDIT TRANSACTIONS. (*THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT*.)

TOTAL INCOME \$ 14,486.00

SUMMARY OF CASH ON HAND

Cash on Hand at Start of Month	\$ _____
Cash on Hand at End of Month	\$ _____

PLEASE PROVIDE THE TOTAL AMOUNT OF CASH CURRENTLY AVAILABLE TO YOU **TOTAL** \$ —

(*Exhibit B*)

EXPENSES

PLEASE SEPARATELY LIST ALL EXPENSES PAID BY CASH OR BY CHECK FROM YOUR BANK ACCOUNTS THIS MONTH. INCLUDE THE DATE PAID, WHO WAS PAID THE MONEY, THE PURPOSE AND THE AMOUNT. (*THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT*.)

TOTAL EXPENSES \$ 12,945.00

(*Exhibit C*)

CASH PROFIT

INCOME FOR THE MONTH (<i>TOTAL FROM EXHIBIT B</i>)	\$ <u>14,486.00</u>
EXPENSES FOR THE MONTH (<i>TOTAL FROM EXHIBIT C</i>)	\$ <u>12,945.00</u>
(<i>Subtract Line C from Line B</i>)	CASH PROFIT FOR THE MONTH \$ <u>1541.00</u>

B 25C (Official Form 25C) (12/08)

UNPAID BILLS

PLEASE ATTACH A LIST OF ALL DEBTS (INCLUDING TAXES) WHICH YOU HAVE INCURRED SINCE THE DATE YOU FILED BANKRUPTCY BUT HAVE NOT PAID. THE LIST MUST INCLUDE THE DATE THE DEBT WAS INCURRED, WHO IS OWED THE MONEY, THE PURPOSE OF THE DEBT AND WHEN THE DEBT IS DUE. (*THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.*)

TOTAL PAYABLES \$ _____

(*Exhibit D*)

MONEY OWED TO YOU

PLEASE ATTACH A LIST OF ALL AMOUNTS OWED TO YOU BY YOUR CUSTOMERS FOR WORK YOU HAVE DONE OR THE MERCHANDISE YOU HAVE SOLD. YOU SHOULD INCLUDE WHO OWES YOU MONEY, HOW MUCH IS OWED AND WHEN IS PAYMENT DUE. (*THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.*)

EDDIE VALAQUEZ 1200.00

TOTAL RECEIVABLES \$ 1200.00

E

(*Exhibit E*)

BANKING INFORMATION

PLEASE ATTACH A COPY OF YOUR LATEST BANK STATEMENT FOR EVERY ACCOUNT YOU HAVE AS OF THE DATE OF THIS FINANCIAL REPORT OR HAD DURING THE PERIOD COVERED BY THIS REPORT.

(*Exhibit F*)

EMPLOYEES

NUMBER OF EMPLOYEES WHEN THE CASE WAS FILED? _____

NUMBER OF EMPLOYEES AS OF THE DATE OF THIS MONTHLY REPORT? _____

PROFESSIONAL FEES

BANKRUPTCY RELATED:

PROFESSIONAL FEES RELATING TO THE BANKRUPTCY CASE PAID DURING THIS REPORTING PERIOD? \$ _____

TOTAL PROFESSIONAL FEES RELATING TO THE BANKRUPTCY CASE PAID SINCE THE FILING OF THE CASE? \$ 12,000.00

NON-BANKRUPTCY RELATED:

PROFESSIONAL FEES NOT RELATING TO THE BANKRUPTCY CASE PAID DURING THIS REPORTING PERIOD? \$ _____

TOTAL PROFESSIONAL FEES NOT RELATING TO THE BANKRUPTCY CASE PAID SINCE THE FILING OF THE CASE? \$ _____

B 25C (Official Form 25C) (12/08)

PROJECTIONS

COMPARE YOUR ACTUAL INCOME AND EXPENSES TO THE PROJECTIONS FOR THE FIRST 180 DAYS OF YOUR CASE PROVIDED AT THE INITIAL DEBTOR INTERVIEW.

	Projected	Actual	Difference
INCOME	\$ _____	\$ _____	\$ _____
EXPENSES	\$ _____	\$ _____	\$ _____
CASH PROFIT	\$ _____	\$ _____	\$ _____

TOTAL PROJECTED INCOME FOR THE NEXT MONTH: \$ 11,400.00
TOTAL PROJECTED EXPENSES FOR THE NEXT MONTH: \$ 12,000.00
TOTAL PROJECTED CASH PROFIT FOR THE NEXT MONTH: \$ -600.00

ADDITIONAL INFORMATION

PLEASE ATTACH ALL FINANCIAL REPORTS INCLUDING AN INCOME STATEMENT AND BALANCE SHEET WHICH YOU PREPARE INTERNALLY.



KeyBank
P.O. Box 93885
Cleveland, OH 44101-5885

Key Express Checking

Statement

September 19, 2017

31 T 0474 0000 R 52 AO

MICHAEL B SARACENO JR
DEBTOR IN POSSESSION
4507 SCHEIDYS RD
COPLAY PA 18037-2426

Questions about your account?
1-800-KEY2YOU (1-800-539-2968)

Or, write us:
KeyBank National Association
P.O. Box 94825
Cleveland, Ohio 44101

Get less mail and enroll in Online Statements today!



Key Express Checking

Account number: 7806214453

Account title: MICHAEL B SARACENO JR
DEBTOR IN POSSESSION

Balance on Aug 16, 2017	\$8,179.69
Additions	
Deposits	14,486.62
Deductions	
Withdrawals	11,029.57
Checks paid	1,916.51
Balance on Sep 19, 2017	\$9,720.23

Deposits

Date	Description	Amount
8-17	Deposit Branch 0474 Pennsylvania	\$1,400.00
8-21	Deposit Branch 0474 Pennsylvania	878.50
8-22	Deposit Branch 0474 Pennsylvania	700.00
8-24	Deposit Branch 0474 Pennsylvania	980.46
8-31	Deposit Branch 0474 Pennsylvania	600.00
9-1	Deposit Branch 0474 Pennsylvania	725.00
9-5	Deposit Branch 0474 Pennsylvania	2,356.00
9-7	Deposit Branch 0474 Pennsylvania	2,000.00
9-11	Deposit Branch 0474 Pennsylvania	1,300.00
9-12	Deposit Branch 0474 Pennsylvania	253.82
9-13	Direct Deposit, Ssa Treas 310 Xxsoc Sec	1,851.70
9-18	Deposit Branch 0474 Pennsylvania	747.01
9-19	Deposit Branch 0474 Pennsylvania	694.13
Total		\$14,486.62



EQUAL
HOUSING
LENDER

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September 19, 2017

Withdrawals

Date	Description	Amount
8-21	Bill Pay:Pennsylvania Power 758200 Ub594O1Z	\$85.72
9-1	Withdrawal Branch 0474 Pennsylvania	9,190.45
9-7	Direct Withdrawal, Aetna Life Insurins Pymt	154.83
9-19	Withdrawal Branch 0474 Pennsylvania	1,307.15
9-19	Bill Pay:Pennsylvania Power 758200 Cbu9Ru3C	29.54
9-19	Bill Pay:Ugi Utilities, Inc 514812 4B591U3C	34.10
9-19	Bill Pay:Pennsylvania Power 249601 8Bi9Ru3C	99.84
9-19	Bill Pay:Pennsylvania Power 906956 Ubt91U3C	127.94
Total		\$11,029.57

Checks paid

* Indicates a break in numeric sequence

Number	Date	Trace ID	Amount	Number	Date	Trace ID	Amount
322	8-31	61115712	\$72.96	326	8-30	65703089	416.89
323	8-29	65551421	166.75	327	8-25	65149176	692.35
324	8-28	28036670	85.15	328	8-28	65312986	297.00
325	8-30	61880731	18.66	* 330	9-19	28063073	166.75
				Total			\$1,916.51

Aggregate Overdraft and Returned Item Fees

	Total for this period	Total Year-to-Date This Year	Total Year-to-Date Prior Year
Total Returned Item Fees	\$0.00	\$34.00	\$0.00



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